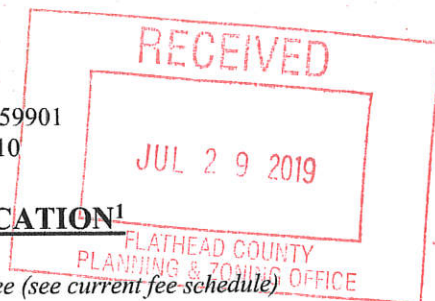


Flathead County Planning & Zoning

40 11th Street West, Suite 220 Kalispell, MT 59901
Telephone 406.751.8200 Fax 406.751.8210

CONDITIONAL USE PERMIT APPLICATION¹

Submit this application, all required information, and appropriate fee (see current fee schedule) to the Planning & Zoning office at the address listed above.



FEE ATTACHED \$385 + 75

PROPOSED USE (as described in the Flathead County Zoning Regulations):

Use of an existing helicopter landing pad for commercial purposes

OWNER(S) OF RECORD:

Name: East Glacier Holdings, LLC c/o Tracie Jones Phone: 423.793.0125
Mailing Address: 620 Shelby Street
City, State, Zip Code: Bristol, TN 37620-2241
Email: tjones@jrgregory.com

PERSON(S) AUTHORIZED TO REPRESENT THE OWNER(S) AND TO WHOM ALL CORRESPONDENCE IS TO BE SENT:

Name: Dave DeGrandpre, AICP Phone: 885.7526
Mailing Address: Land Solutions, LLC 36708 Leon Road
City, State, Zip Code: Charlo, MT 59824
Email: landsolutions@blackfoot.net

LEGAL DESCRIPTION OF PROPERTY (Refer to Property Records):

Street
Address: 5560 Highway 93 South S 13 T 30 N R 22 W
Subdivision Tract Lot Block
Name: COS #8078 No(s). 1 No(s). No.

- 1. Zoning District and Zoning Classification in which use is proposed (EXAMPLE: Bigfork Zoning District, SAG-5 zoning classification):**
SAG-5
- 2. Explain how the proposed use meets all of the required criteria below. ALL CRITERIA MUST BE DISCUSSED. If criteria are not applicable, please explain why. Attach drawings, additional text, site plans, and any other documents that will assist staff in reviewing the proposed use. The more information you can provide, the easier it is for staff to review the application. Please discuss:**

A. Site Suitability.

The site is suitable for the use. This includes:

- (1) adequate usable space

Please see the attached project narrative.

- (2) adequate access

Please see the attached project narrative.

- (3) absence of environmental constraints

Please see the attached project narrative.

B. Appropriateness of Design.

The site plan for the proposed use will provide the most convenient and functional use of lot. Consideration of design should include:

- (1) parking scheme

Please see the attached project narrative.

- (2) traffic circulation

Please see the attached project narrative.

- (3) open space

Please see the attached project narrative.

- (4) fencing, screening

Please see the attached project narrative.

- (5) landscaping

Please see the attached project narrative.

- (6) signage

Please see the attached project narrative.

- (7) lighting

Please see the attached project narrative.

C. Availability of Public Services and Facilities

The following services and facilities are to be available and adequate to serve the needs of the use as designed and proposed:

- (1) sewer

Please see the attached project narrative.

- (2) water

Please see the attached project narrative.

- (3) storm water drainage

Please see the attached project narrative.

- (4) fire protection

Please see the attached project narrative.

- (5) police protection

Please see the attached project narrative.

(6) streets

Please see the attached project narrative.

D. Immediate Neighborhood Impact

The proposed use will not be detrimental to surrounding neighborhoods in general. Typical negative impacts which extend beyond the proposed site include:

(1) excessive traffic generation

Please see the attached project narrative.

(2) noise or vibration

Please see the attached project narrative.

(3) dust, glare or heat

Please see the attached project narrative.

(4) smoke, fumes, gas, or odors

Please see the attached project narrative.

(5) inappropriate hours of operation

Please see the attached project narrative.

3. The following proposed uses shall meet additional requirements, known as "Conditional Use Standards" as outlined in Chapter 4 the Flathead County Zoning Regulations and require consultation with a staff planner PRIOR to application submittal:

4.01 Animal Hospitals, Kennels, Animal Shelters, Veterinary Clinics

4.02 Bed and Breakfast Establishments/Boarding Houses

4.03 Camp or Retreat Center

4.04 Caretaker's Facility in AG, SAG, and R-1 Districts

4.05 Cluster Housing Development in Residential Districts

- 4.06 Commercial Caretaker's Facility in B-2, B-3, I-1, I-1H, and I-2 Districts
- 4.07 Contractors Storage Yard in AG and SAG Districts
- 4.08 Day Care Centers- 13 or More Individuals
- 4.09 Electrical Distribution Stations
- 4.10 Extractive Industries
- 4.11 Family Hardship Dwellings
- 4.12 Manufactured Home Parks
- 4.13 Mini-Storage, Recreational Vehicle Storage
- 4.14 Motor Coach Subdivisions
- 4.15 Recreational Facilities (see also 7.17.040)
- 4.16 Short Term Rental Housing
- 4.17 Temporary Uses


Consultation with Planner:

Date _____ Planner's Signature _____

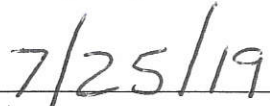
INSTRUCTIONS FOR CONDITIONAL USE PERMIT APPLICATION:

1. Answer all questions. Answers should be clear and contain all the necessary information.
2. In answering question 1, refer to the classification system in the Zoning Regulations.
3. In answering questions 2 and 3, be specific and complete. Please use a separate sheet of paper to discuss the appropriate topics.
4. Copy of plot plan/site plan must be submitted with each application, with all existing or proposed structures shown, and distances from each other and from the property line. *If you are submitting a plan larger than 11x17 in size, please include 7 copies.*
5. A separate fee made out to 'GIS' for the 'Adjoining Property Owners List'. The list will be sent directly to the Planning & Zoning office and is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.
 - *(The buffer should be 150 ft. for all areas with the following exceptions: Administrative Conditional Use Permits, standard Conditional Use Permits, and Planned Unit Development (PUD) applications within the Lakeside Zoning District require a 300 ft. buffer.)*

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be incorrect or untrue, I understand that any approval based thereon may be rescinded and other appropriate action taken. The signing of this application signifies approval for the Flathead County Planning & Zoning staff to be present on the property for routine monitoring and inspection during the approval and development process.



 Owner(s) Signature (all owners must sign)



 Date

 Applicant Signature (if different than above)

 Date